

Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		Social Insurance Number	
Current Address	City	Postal Code	Phone Number
Employer (Firm Name)		Name and Certificate Number of Supervising Journey person	
Address of Employer	City	Postal Code	Phone Number

Plumber	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Perform Common Occupational Skills: Performs safety related function; uses and maintains tools and equipment; organizes work; performs routine trade activities; uses communication and mentoring techniques	
Prepares and Assembles Pipe: Prepares pipe; joins tube, tubing and pipe	
Installs, Tests and Services Sewers, Sewage Treatment Systems and Drainage, Waste and Vent (DWV) Systems: Installs, tests and services sewers, sewage treatment systems and interior drainage waste and vent (DWV) systems	
Installs, Tests and Services Water Service and Distribution: Installs, tests and services water services, potable water distribution systems and pressure systems	
Installs, Tests and Services Fixtures, Appliances and Water Treatment Systems: Installs, tests and services plumbing fixtures and appliances, and water treatment equipment	
Installs, Tests and Services Low Pressure Steam and Hydronic Heating and Cooling Systems: Install, test and service low pressure steam systems, hydronic heating and cooling systems	
Installs, Tests and Services Specialized Systems: Installs, tests and services specialized systems and process piping systems	
Total Hours	

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) _____ Apprentice/Tradesperson (signature) _____

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) _____ Employer Representative (signature) _____

 Employer Representative (print name clearly)

For Commission Use Only Time Assessed: _____ Approved By: _____ Date: _____ (DD/MM/YY)
